

## CLASS C REINSTATEMENT FORM

224863

<b>File the original with:</b>  Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199  2005-334-T	<b>Mail or fax a copy to:</b>  S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
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DATE: July 16, 2010

Please consider this an application for Reinstatement of my:

- ☒ Taxi Certificate Number 7623  
☐ Charter Certificate Number \_\_\_\_\_  
☐ Charter Bus Certificate Number \_\_\_\_\_  
☐ Non-Emergency Certificate Number \_\_\_\_\_

RECEIVED

JUL 16 2010

PSC SC  
CLERK'S OFFICE

My certificate was revoked/cancelled on 11/9/2009 because Failure to provide  
(DATE)  
proof of vehicle insurance (Form E)

I am seeking reinstatement because I have all of the needed forms

Hillcrest Taxi LLC  
(Name of Company)

DBA James Pough Sr.  
(if applicable)

1391 Ridgewood Drive  
(Street Address)

(Mailing Address if different from Street Address)

Orangeburg, SC 29118  
(City, State, Zip Code)

James Pough Sr. / LMS  
(Signature)

(803) 534-9099  
(Telephone Number)

President  
(Title) Owner, President, etc.

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TO: \_\_\_\_\_

FROM: HILLCRESTTAXI

FAX: 8035345899

TEL: 8035349099

COMMENT: CONFIDENTIAL